
GOVERNOR DOYLE'S TASK FORCE TO IMPROVE ACCESS TO ORAL HEALTH

Miscellaneous Options for Consideration by the Task Force

April 15, 2005

Patient Education Programs

Background

The Task Force will hear a presentation on Clear Path, the Milwaukee Children's Hospital education program for Medicaid patients.

Task Force Alternatives

1. Direct DHFS to examine possible patient education models.
2. Allow Providers to require patient education program, where available, if a patient misses an appointment and fails to contact the provider prior to the set time.
Option #2 – after a patient misses two appointments.

Foreign Trained Dentists

Background

Under current law, a foreign trained dentists must:

1. Submit an application.
2. Pay a fee.
3. Present evidence satisfactory to the board of having completed the educational requirements in s. 447.04(1) Stats. Currently the Board has not approved a foreign graduate evaluation program.
4. Present verification of successful completion of a required examinations, clinical/laboratory demonstrations, and ethics and jurisprudence training.
5. Complete of any other requirement established by the examining board by rule.

Task Force Alternatives

1. Remove the restriction requiring other state licensed dentists to be graduates of ADA schools as a precondition to application by endorsement. This would allow some foreign trained dentists in but only those who qualified in another state and who meet the other requirements such as active practice for at least 48 of the last 60 months.

2. Change the provision of a board-approved foreign degree evaluation program to a program approved by another entity, such as the American Dental Association, or the Wisconsin Educational Approval Board. An alternative may be to allow such approval to given by a majority vote of 3 entities, the Dental Examining Board, the Educational Approval Board and DHFS.

An argument can be made that each of those entities have a stake in only approving a quality evaluation program.

3. Amend 447.04 (1) (a) 3 [direct licensure] to allow applications from graduates of ADA accredited dental school **or**:
 - a. who possesses a degree issued by a school deemed equivalent by a foreign degree evaluation program approved by the Wisconsin Education Approval Board.
 - b. who possesses a certificate issued by the Dean of an ADA accredited dental school showing they have completed a 2-year advanced education program in general dentistry or a dental specialty and have achieved the level of competency expected of a graduate receiving a DDS or DMD degree.
4. Create a limited license available to foreign trained dentists that would allow practice in specific institutional settings, hospitals, dental schools, or in federally designated health professional shortage areas in a residency program leading to full licensure. There would have to be a supervision requirement with endorsement for full licensure contingent on the supervisor attesting to competency.
 - a. One year residency
 - b. Two year residency
5. Require foreign trained dentists to complete a competency review program at Marquette.

Portable Equipment

Background

Capital Equipment: Full Portable Operatory costs \$19,164. It includes a Procart 1 (model # 2600), over head light, radiographic unit. patient chair, assistant stool, operator stool, statim, curing lights, and transport cases.

Task Force Alternatives

1. Provide funding for portable/mobile equipment at each DHFS region.
2. Partner with the Wisconsin Technical College System to provide funding for portable/mobile equipment at each college with a dental hygiene program.

Access to Dental Care Complaint Form

Background

HMO enrollees may file informal complaints by telephone or grievances in writing with their HMO. Enrollees may also file grievances directly to the Department or fair hearing. A review of the grievances the State received for dental care provided through HMOs shows that cases elevated to the Department have been exclusively for denied orthodontic treatment, and not related to access to preventive or restorative dental care. The number of grievances for orthodontic treatment is comparable to the number of grievances for denial of non-dental services.

A review of the HMOs' phone logs for calendar years 2002-2004 indicates that the majority of complaints were for enrollees looking for a dentist, which the HMO logs indicate were resolved. This is a very different experience from the fee-for-service system, where care cannot be guaranteed.

Task Force Alternatives

1. Direct DHFS to develop an online form for distribution to patients unable to access dental care. Form needs to include information about who to contact when they are unable to access service within 90 days for non-urgent care and within 24 hours for urgent care.

Medicaid

Background

Item #1 was discussed at the last Task Force meeting but was not adopted as a recommendation.

Task Force Alternatives

1. Future investments in the Medicaid program should include pay for performance strategies that assure increased access, regardless of the delivery system.
2. Recommend that DHFS direct EDS to improve their claims processing and customer service functions. This requirement would include regular reports on complaints and their resolution to the problem:
 - a) to Medicaid staff at DHFS.
 - b) to the Governor's Office.
 - c) to the Joint Finance Committee.

Federally Qualified Health Clinics

Background

This item was discussed at the last Task Force meeting but was not adopted as a recommendation.

Task Force Alternatives

1. Replicate the budget line-items that direct state funds to the Ladysmith clinic and the Rural Health Dental Clinic to provide 2-year grants for two additional sites. Set production standards on any FQHC dental expansions that this money would fund to guarantee efficient service delivery and improved access.
2. Request \$3 million GPR over the biennium for grants to four FQHCs for dental capacity expansion.
3. Direct DHFS to develop a process whereby not-for profit dental programs could agree to participate in a training program that would then allow them to prior authorization for many procedures and work on a post pay basis.

School Based Oral Health Programs

Background

Several local governments operate collaborative efforts with area school district to provide services in schools. Below are three models that deliver screening and sealants are school-based services adhering to all appropriate professional and confidentiality standards. Portable equipment is used in designated areas of the school are transformed into clinics.

1. Price County hires a nurse and a dental hygienist who are assisted by an LPN educator to work with school districts. Volunteer dental professionals place sealants.

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| Recipients
of Services | <ul style="list-style-type: none">• Serves 9 sites• One county jail• Two head start centers• Day care providers• Outreach activities (health fairs) |
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Services Provided	<ul style="list-style-type: none"> • Oral screening for children enrolled in Head Start and Kindergarten through eighth grade, CSHCN and others as referred • Oral health education • Sealant placement in second, three, sixth and seventh grade • Topical fluoride application in head start (varnish) • Case management/ referral
Funding	<ul style="list-style-type: none"> • The dental hygiene salary is through Seal a Smile grants • Local service organizations cover supplies, equipment, toothbrushes, educational materials • Local foundations (Examples: Annmarie foundation and Weathershield Lite) • Medical Assistance billing

2. The City of Menasha has hired a hygienist for over 20 years. S/he is assisted by nurses and school health aides in partnership with the school district. Health aides also assist with sealant placement.

Recipients of Services	<ul style="list-style-type: none"> • Serves one preschool, five elementary schools, one middle school and one high school • Two parochial elementary schools • Community referrals from the public health nurses • Head Start • Fox tots (park and recreation preschool program) • Neenah-Menasha Day care providers
Services Provided	<ul style="list-style-type: none"> • Oral screening for children in four year old kindergarten through eighth grade • Oral health education • Sealant placement in first, second and third grade • Topical fluoride application • Case management/ referral • Dental hygienist also provides CPR instruction for school district and City employees
Funding	<ul style="list-style-type: none"> • Oral health program is funded 50% city budget and 50% school contract (covers dental hygienist salary for oral screening) • RDH employed by city for approximately 800 hours/per year • Sealants: funded by Maternal Child Health consolidated contracts • Equipment: grants • Neenah-Menasha United Way Dental Clinic funds oral screening education, and treatment (stipend) • Medicaid Assistance reimbursement

3. The City of West Allis Health Department has employed a dental hygienist for over 50 years. They work with community health technicians and nurses in collaborative efforts between health department staff, school staff, parents, and local providers. Community health aides also assist with seal placement.

Recipient of Services	<ul style="list-style-type: none">• Serves 20 schools• WIC clients• Community Outreach activities (Serves as a rotation site for Milwaukee Area Technical College dental hygiene students)
Services Provided	<ul style="list-style-type: none">• Oral screening for children in four year old kindergarten through eighth grade• Oral health education<ul style="list-style-type: none">- Smokeless Tobacco Programs (school)- WIC and newborn home visits• Sealant placement in first, second and third grade• Topical fluoride application• Case management/ referral for those uninsured, underinsured
Funding	<ul style="list-style-type: none">• All health department staff salary is supported by the City Health Department budget (The Registered Dental Hygienist is .9 FTE during the school year, half time during the summer)• Portable equipment is purchased through grants (example: Seal a Smile and Community Development Block grants)

Task Force Alternatives

1. Direct DHFS to work with local health departments on collaborations with school districts.
2. Direct DPI to work with local school districts on collaborations with local health departments.
3. Designate/Prioritize funds from the Maternal and Child Health Block Grant for collaborative local oral health programs.
4. Designate funds to train school nurses to do oral screenings
5. Direct DHFS and DPI to develop oral health curriculum for oral health like the spit tobacco program.